



*Laura J. Cook*  
Ogle County Clerk & Recorder

**INSTRUCTIONS**  
**ASSUMED NAME FORM**

**NOTE:**

**ZONING ISSUES:** Contact the County Zoning Department at 815/732-1190 or your City/Village Zoning Department (whichever has jurisdiction) to determine if any zoning permits will be required to conduct the business.

**FOOD ESTABLISHMENTS:** Contact the Public Health Department at 815/732-7330 regarding proper licensure requirements.

1. Fill out the certificate form. Please print or type the top part of the form. Your signature(s) at the bottom must be notarized.
2. Send or bring the form to the County Clerk's Office. We will file date stamp it to show the initial filing date. The filing fee is \$5.00.
3. The ASSUMED NAME PUBLICATION NOTICE will be completed and given to you. This must be published for three CONSECUTIVE weeks in an Ogle County newspaper of your choice. This must be done within 15 days of the initial filing in the County Clerk's Office.
4. After the third publication, the newspaper will furnish you with a proof of publication. The original proof of publication must be brought or mailed to this office within 50 days from the initial filing.
5. The name of the business does not go on record until the original proof of publication is received by the County Clerk's Office. When received, your CERTIFICATE OF OWNERSHIP will be typed and given to you.

Illinois Statewide Resource Information: Business Information Center/First Stop  
Check out this state website: [www.commerce.state.il.us](http://www.commerce.state.il.us) or call 1-800-252-2923.

SALES TAX NUMBER can be obtained by calling 815/987-5210

Revised: May 3, 2016

STATE OF ILLINOIS )  
COUNTY OF OGLE )

**ASSUMED NAME  
CERTIFICATE**

The undersigned person or persons do hereby certify that our business is or is to be conducted or transacted under the name of:

\_\_\_\_\_  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City State Zip

in the County of Ogle, State of Illinois, and that the true or real full name or names of the person or persons owning, conducting, or transacting the same with the post office address or addresses of said person or persons is as shown below:

Name	Address	City
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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STATE OF ILLINOIS )  
COUNTY OF OGLE )

Personally appeared before me

\_\_\_\_\_, \_\_\_\_\_  
\_\_\_\_\_, \_\_\_\_\_  
who duly acknowledged that they executed the above certificate.

Dated \_\_\_\_\_, \_\_\_\_\_ Notary Public

NOTE: Strike out words "or is to be" and "or will be" in the certificate if the business is already operating.

**COUNTY CLERK USE ONLY  
DO NOT PUBLISH**